

**KANSAS DEPARTMENT ON AGING
CUSTOMER RIGHTS AND RESPONSIBILITIES**

Program: ☐ **Older Americans Act** ☐ **Senior Care Act** ☐ **HCBS/FE**

Right to File a Grievance: If you are an Older Americans Act customer, you have the option of filing a written grievance with the Area Agency on Aging prior to filing a request for a fair hearing. If you file a grievance and the outcome as contained in a Notice of Action is not satisfactory to you, you may then file an appeal. If, however, you elect not to file a grievance, you may file an appeal as indicated below.

Right to Appeal: You have the right to request a fair hearing if you disagree with the outcome of a grievance (for Older Americans Act customers), this notice of action, or any agency decision concerning your case. If you want a fair hearing, you must submit a written request within 33 days of this notice. At the hearing, you will be given the opportunity to explain why you disagree with this notice of action. You may represent yourself or a household member, legal counsel, friend, relative, or other spokesperson may represent you. Failure to request a fair hearing within 33 days of this notice could adversely affect your rights.

For HCBS/FE and Senior Care Act Customers Only: If you file a request for a fair hearing within 10 calendar days of the date of this Notice of Action and are already receiving services, these services will continue at the current level pending an Initial Order rendered by the Office of Administrative Hearings unless you are otherwise notified. If the Office of Administrative Hearings upholds the agency's action, the agency may institute recovery procedures against you to recoup the cost of services.

A Written Request for a Fair Hearing should be sent to:

Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, Kansas, 66612

Your Rights and Responsibilities for All Programs:

1. You have the right to a fair hearing if you are dissatisfied with the decision made on your application or feel there has been undue delay in acting on your application.
2. You are required to report any change that will affect the amount, location, or the date of payment for any of your services. For example, if you plan to move, or be away from home long enough for changes to occur in the payment for your services, the Area Agency on Aging or Case Manager must be informed to ensure payments are made appropriately and timely for your services.
3. You are required to report fully all circumstances that affect your application.
4. You are required to report any changes in your circumstances that affect your eligibility.
5. You are required to cooperate in current and subsequent agency efforts to establish your eligibility.
6. You are required to pay your share of service costs, if applicable, in accordance with the Medicaid client obligation or a Senior Care Act program fee.
7. You must cooperate in the annual review of your level of care and services, and any necessary evaluations and/or audits conducted by the Kansas Department on Aging.
8. You are responsible for hiring, training, and firing of your attendants and workers if you self-direct your care.

For HCBS/FE Only:

9. You have a right to have your eligibility for services determined within 45 days.
10. You have the same rights to available services provided to persons in your category of eligibility.
11. You have the right to equal treatment as other applicants/recipients who are in similar situations.
12. You are required to report any change in income, resources, or living arrangements to your Social and Rehabilitation Services Eligibility Worker within ten (10) days of the change.

<p><u>Civil Rights:</u> No person shall, on the grounds of race, color, national origin, age, disability, religion, or sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity of the Department on Aging and/or the Department of Social and Rehabilitation Services. If you feel that you have been discriminated against on the above grounds, you may make a complaint in writing to the Department of Administration or the United States Department of Health and Human Services.</p>
